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Bib Data Sheet

**CONFIRMATION NO. 8733**

SERIAL NUMBER 10/650,882	FILING OR 371(c) DATE 08/28/2003 RULE	CLASS 229	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. 8008-90257
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**APPLICANTS**

Michael Stude, Barrington, IL;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 11/19/2003**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	4	22	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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**TITLE**

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